

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of : Terry K. Bryant

Serial No. : 10/767,396

Filed : March 26, 2002

For : METHOD OF IMPROVING MEDICAL APPARATUS IN ORDER TO  
REDUCE OR REPLACE ANCILLARY MEDICAL ASSISTANCE BY  
EMPLOYING AUDIBLE VERBAL HUMAN SOUNDING VOICES  
WHICH PROVIDE THERAPEUTIC INSTRUCTIONS AND  
ENCOURAGE USAGE AND GIVE MEASUREMENTS AS NEEDED  
EMANATING FROM THE APPARATUS'S BY USING ELECTRONIC  
TECHNOLOGY

Examiner : Michael C. Astorino

Art Unit : 3736

Our File No. : 1023.8009

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**CERTIFICATE OF MAILING**

I hereby certify that this correspondence, and any attachments thereto, is being deposited with the United States Postal Service, as First Class mail, in an envelope addressed to: Mail Stop Amendment, Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450.

BETTY BERNAL  
Name of Person Mailing  
Paper

Betty Bernal  
Signature

11/28/2005  
Date

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**TRANSMITTAL OF FORMAL DRAWINGS**

Commissioner for Patents  
P. O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir:

Enclosed please find the formal drawings for the above-cited application.

Any additional charges, including extension of time, please bill our Account No.  
503180.

Respectfully submitted,

Daniel S. Polley, Reg. No. 34,902  
DANIEL S. POLLEY, P.A.  
1215 East Broward Boulevard  
Fort Lauderdale, FL 33301  
(954) 234-2417

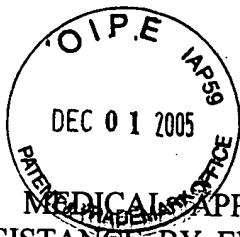
**CUSTOMER NO. 44583**

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 VOICES WHICH PROVIDE THERAPEUTIC INSTRUCTIONS AND ENCOURAGE USAGE ...



Case Docket No. 1023.8009

IFW\$

COMMISSIONER FOR PATENTS

P. O. Box 1450

Alexandria, VA 22313.1450

## AMENDMENT TRANSMITTAL LETTER

Sir:

- [X] Transmitted herewith is an amendment in the above-identified application.  
 [X] Small entity status of this application under 37 CFR 1.9 and 1.27 has been established.  
 [ ] No additional fee is required.

The fee has been calculated as shown below:

(Col. 1)		(Col. 2)		(Col. 3)	SMALL ENTITY		OR	OTHER THAN A SMALL ENTITY	
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PAID FOR	PRESENT EXTRA	RATE	ADDIT. FEE		RATE	ADDIT. FEE
TOTAL	* 29	MINUS	** 20	= 9	X\$ 25	\$225.00		X\$ 50	\$
INDEP	* 3	MINUS	*** 3	= 0	X\$100	\$ 0.00		X\$200	\$
FIRST PRESENTATION OF MULTIPLE DEP. CLAIM					X \$180	\$ 0.00		X\$360	\$
					TOTAL ADDIT. FEE	\$225.00	OR	\$	

- [X] A Request for a One-Month Extension of Time together with a check in the amount of \$60.00 for the fee is enclosed.  
 [X] Substitute Specification  
 [X] The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 503180. A duplicate copy of this sheet is attached.  
 [X] If there are any additional charges, including extensions of time, please bill our Deposit Account No. 503180.

DANIEL S. POLLEY, P.A.  
 1215 East Broward Boulevard  
 Ft. Lauderdale, FL 33301  
 (954) 234-2417

Respectfully submitted,

Daniel S. Polley, Reg. No. 34,902

CUSTOMER NO. 44538